



# OUT-OF-SERVICE/NON-PARTICIPATION FORM

Online form to be submitted to [licensing@indy.gov](mailto:licensing@indy.gov)

Taxi Owner Name:\_\_\_\_\_

Taxi Driver Name:\_\_\_\_\_

Taxi Company Name:\_\_\_\_\_

Taxi Owner Phone Number:\_\_\_\_\_

Taxi Number(s):\_\_\_\_\_

Reason cab(s) shall be considered out of service/non-participating:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that the cab(s) listed above will be back in service/replaced within a month of the date of this form. Yes \_\_\_\_\_ - list proposed date of return \_\_\_\_\_

I agree to notify the Licensing Division the day the cab(s) return to service and to receive a body inspection for cab(s) listed upon their return to service. Yes \_\_\_\_\_

If listed cab(s) will not be back in service by the return date specified, I understand and agree that I will notify the Licensing Division in writing of the delay. Yes \_\_\_\_\_

I agree to notify the Licensing Division in writing if I cannot make inspections due to personal issues. Yes \_\_\_\_\_ Please briefly explain: \_\_\_\_\_

\_\_\_\_\_

Signature:\_\_\_\_\_

Name Printed:\_\_\_\_\_

Date:\_\_\_\_\_